Tier II Report Check List

☐ The following information is **required** before you send your report. Until _all_ this information is received your facility will not have officially reported.

Facility Identification
Name ☐
Street ☐
City ☐ County ☐ State ☐ Zip ☐

Mailing Address (if different from facility address)
Street ☐
City ☐ State ☐ Zip ☐

Owner/ Operator Name
Name ☐ Phone ☐
Mail Address ☐
City ☐
State ☐ Zip ☐

☐

Emergency Contact
Name ☐ Title ☐
Phone ☐ 24 Hr. Phone ☐
(All information on all contacts)

Chemical Description
NAICS Code ☐
Pure or Mix ☐ Solid, liquid, Gas ☐ EHS ☐

Physical and Health Hazards
Fire, Sudden Release of Pressure, Reactive ☐
Immediate, Delayed ☐

Inventory
Max. Daily Amount **Code (1-11)** ☐
Ave. Daily Amount **Code (1-11)** ☐
Number of Days On-site (days-1-365) ☐

Storage Codes and Locations (Non Confidential)
Container Type **Code** (A-O) ☐
Pressure **Code** (1-3) ☐
Temperature **Code** (4-7) ☐
Locations (on property) ☐

Certification
Name and official Title of owner/operator or authorized representative ☐
Signature (original signature _required_ for state copy) ☐
Date Signed ☐